IPDR6702				NORTH CAROLINA		PAGE:	1	
	07/24/2005			CHECKWRITE SUMMARY REPORT		1100.		
				CKWRITE DATE: 07/28/2005				
	1	1		FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901		8645	14	CLAIM DENIED MAXIMUM ALLOWED 2				
3404301	SMOKY MOUNTAINM	0043	14	6 OCCURRENCES PROCESSED AND				
	H/DD/SAS			PAID, PA IS REQUIRED.				
		0	0		0	14	1772	1758
3404904	WESTERN HIGHLAN	0	0	*** NO DATA TO REPORT ***				
	DS LME							
		0	0					
		0	U		0	0	50	50
3404910	PATHWAYS	23	3442	SERVICE REQUIRES PRIOR APPROVA				
				L				
						1		
		11	72	CLIENT NOT ELIGIBLE ON SERVICE	0	3514	3522	
				DATE		3314	3522	
0.40.404			1.00					
3404912	CATAWBA COUNTYM	11	132	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	ENTAL HEALT					 		
		8931	7	AMTNC INELIGIBLE TO RECEIVE SE	7	150	704	554
				RVICES IN IPRS.				
		8599	6	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404042		0.0	746					
3404913	MECKLENBURG COM	11	746	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	ENTAL HEALT			DATE				
		8599	504	DETAIL NOT COVERED BY COMBINAT	68	1392	2961	1569
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	66	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
2101016		0.0	0.0					
3404916	CROSSROADS BEHA	11	29	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	VIORAL HEAL							
		0	0		0	29	39	10
						1		
3404917	CENTERPOINT HUM	11	104	CLIENT NOT ELIGIBLE ON SERVICE		 		
	AN SERVICES			DATE		1		
		0500						
	-	8599	41	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	3	210	2950	2740
				BENEFIT PACKAGE.		 		
						1		
		21	33	DUPLICATE OF CLAIM-SYSTEM				
3404919	GUILFORD CO MEN	8599	202	DETAIL NOT COVERED BY COMBINAT		 		
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0000						
		8931	15	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	15	243	8258	8015
				AVIOLO IN IERO.		 		
						1		
		21	8	DUPLICATE OF CLAIM-SYSTEM		1		
		1	ļ			ļ		
	1					1		

	1	1		T			TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404920	ALAMANCE CASWEL	8599	969	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		2000	61	NO DAME ANALYZADIE ON ELLE MO D				
		8000	91	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	10	1226	14930	13704
				RICE THIS CLAIM DETAIL				
		8329	45	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404921	ORANGE PERSON C	8599	256	DETAIL NOT COVERED BY COMBINAT				
	HATHAM AREA			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		167	56	NO CHARGE BILLED. ENTER BILLED	3.4	461	2439	1978
				AMOUNT AND SUBMIT DETAIL AS				
				A NEW CLAIM				
		0.1	52	DUPLICATE OF CLAIM-SYSTEM				
		21	52	DOPLICATE OF CLAIM-SISTEM				
3404922	THE DIDUM OFFI	21	405	DUPLICATE OF CLAIM-SYSTEM	 	+		
	THE DURHAM CENT ER		<u> </u>		 	 		
	ada t				 	 		
			1		 	 		
		8599	143	DETAIL NOT COVERED BY COMBINAT	n	784	4120	3336
			1	ION OF RECIPIENT, PROVIDER AND		.04	*120	5550
				BENEFIT PACKAGE.				
		11	119	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404923	FIVE COUNTY MH	23	382	SERVICE REQUIRES PRIOR APPROVA				
				L				
		4.4	2.4					
		11	14	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	423	1139	716
				DATE				
		191	7	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404925	SANDHILLS CENTE	120	728	CLIENT ID NUMBER MISSING OR IN				
	R FOR MH/DD			VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		21	619	DUPLICATE OF CLAIM-SYSTEM	10	2201	9302	7101
		9599	557	DETAIL MOT COURDED BY COURTER		-		
		8599	557	DETAIL NOT COVERED BY COMBINAT	-	-		
			 	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	 	 		
				- LINGEROW .				
3404926	COURSES CARDS DE	11	788	CLIENT NOT ELIGIBLE ON SERVICE	 	+		
•	SOUTHEASTERN RE G MENTAL HL		1	DATE	 	 		
				<u> </u>				
		1	1		1			
		23	314	SERVICE REQUIRES PRIOR APPROVA	1	1103	1134	31
				L				
							-	
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
		1	1					
							I .	
2404927		11	c	CITEME NOT PITCIBLE ON OPPUTOR				
3404927	CUMBERLAND CO M	11	6	CLIENT NOT ELIGIBLE ON SERVICE				
3404927	CUMBERLAND CO M	11	6	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404927		11	6					
3404927			1	DATE			200	10
3404927		11 8599	1		0	7	26	15
3404927			1	DETAIL NOT COVERED BY COMBINAT	0	7	26	15
3404927			1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	7	26	15
3404927			1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	7	26	15
	нс	8599	1	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	7	26	15
	HC JOHNSTON COUNTY	8599	1	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE	0	7	26	15
	HC JOHNSTON COUNTY	8599	1	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	0	7	26	15
	HC JOHNSTON COUNTY	8599	1	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT	0	7	26	
	HC JOHNSTON COUNTY	8599	2	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	0	7		

				Ti and the second secon	I	1		I
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404931	WAKE CO HUM SVC	8599	385	DETAIL NOT COVERED BY COMBINAT				
3101331	BILLING OF	0333	303	ION OF RECIPIENT, PROVIDER AND				
	2122110 01			BENEFIT PACKAGE.				
		8931	165	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	311	1122	14416	13294
				RVICES IN IPRS.				
		8935	138	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
2404022		0	0	*** NO DATA TO REPORT ***				
3404932	RANDOLPH/SANDHI	U	0	NO DATA TO REPORT				
	LLS CO MH C							
		0	0		0	0	0	C
3404933		8931	7	AMTNC INELIGIBLE TO RECEIVE SE				
3404933	SOUTHEASTERN CT R FOR MH/DD	0331	,	RVICES IN IPRS.				
	R FOR MR/DD							
		8599	6	DETAIL NOT COVERED BY COMBINAT	7	14	487	473
				ION OF RECIPIENT, PROVIDER AND		1		
				BENEFIT PACKAGE.		1		
		191	1	CLIENT ID NUMBER DOES NOT MATC		1		
				H PATIENT NAME				
2404024		0.500	0.0					
3404934	ONSLOW CARTERET	8599	83	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	BEHAV HEAL			BENEFIT PACKAGE.				
		8329	47	CLAIM DENIED ATTENDING PROVIDE	11	188	590	402
				R CANNOT BE THE SAME AS				
				THE LMA				
		21	17	DUPLICATE OF CLAIM-SYSTEM				
				BOLLICHIE OF CHIEF OFFICE				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
					-	_		
3404936	WILSON-GREENE M	8952	61	CLAIM DENIED DUE TO AGE RESTRI				
	ENTAL HEALT			CTIONS FOR TARGET POPULATION				
		8931	30	AMTNC INELIGIBLE TO RECEIVE SE	32	97	2887	2790
				RVICES IN IPRS.				
		8651	2	ONLY FOUR UNITS ALLOWED PER MO		1		
		0001	-	NTH		 		
	+					 		
3404937	EDGECOMBE NASH	21	139	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
						1		
	+	5404	4	SEVERE DUPLICATE: SAME ATTD PR		148	374	226
	1			OV/PCODE/TOS/DOS/MOD		140	3/4	220
-								
		8599	3	DETAIL NOT COVERED BY COMBINAT				
	-			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
						1		
3404939	NEUSE MENTAL HE	11	75	CLIENT NOT ELIGIBLE ON SERVICE		l		
	ALTH CENTER			DATE				
			22	DETAIL NOT COVERED BY COMBINAT		-		
		8599		BOI COVERED DI COPERINTI	5	158	1592	1434
		8599	22					
		8599	22	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8599	22	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	18	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

		HTOH DENTS	Walnan an				TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404941		21	669	DUPLICATE OF CLAIM-SYSTEM				
3404341	PITT CO MH/DD/S AS CENTER		003	DOI 11 OF CAME DIVIAN				
	AS CENTER							
		8599	622	DETAIL NOT COVERED BY COMBINAT	40	1780	3779	1999
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8329	210	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404942	ROANOKE CHOWANH	11	2	CLIENT NOT ELIGIBLE ON SERVICE				
	UMAN SERVIC			DATE				
		n	0					
					U	2		U
3404943	ALBEMARLE MENTA	5404	34	SEVERE DUPLICATE: SAME ATTD PR				
	L HEALTH CE	1		OV/PCODE/TOS/DOS/MOD				
		8931	32	AMTNC INELIGIBLE TO RECEIVE SE	66	165	1991	1826
				RVICES IN IPRS.				
		8935	28	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
2404044		0.4						
3404944	EASTPOINTE HUMA	21	99	DUPLICATE OF CLAIM-SYSTEM				
	N SERVICES							
		8599	59	DETAIL NOT COVERED BY COMBINAT		1.00	1835	1.000
				ION OF RECIPIENT, PROVIDER AND	,	168	1835	1667
				BENEFIT PACKAGE.				
		8931	7	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404946	FOOTHILLS AREAM	21	5440	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		5404	432	SEVERE DUPLICATE: SAME ATTD PR	206	7162	17694	10532
				OV/PCODE/TOS/DOS/MOD			17034	10332
			-				17094	10332
							17094	10332
		0500	MD2	DETAIL MOT COURSED BY COMPANY			17094	10332
		8599	402	DETAIL NOT COVERED BY COMBINAT			17094	10332
		8599	402	ION OF RECIPIENT, PROVIDER AND			17094	10332
		8599	402				17034	10332
3404957	TIDRIAND MENTAL		402	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			17034	10332
3404957	TIDELAND MENTAL HEALTH CTR	8599 8599		ION OF RECIPIENT, PROVIDER AND			17034	10332
3404957	TIDELAND MENTAL HEALTH CTR			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT			17074	10332
3404957				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND			17074	10332
3404957				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	4	51	871	
3404957		8599	27	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	4			
3404957		8599	27	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	4			
3404957		8599 21	27	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	4			
3404957		8599	27	ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. DUPLICATE OF CLAIM-SYSTEM 60 RESIDENTIAL LEVEL 11 TREATM	4			
3404957		8599 21	27	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED	4			
3404957		8599 21	27	ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. DUPLICATE OF CLAIM-SYSTEM 60 RESIDENTIAL LEVEL 11 TREATM	4			
	HEALTH CTR	8599 21 8622	27	ION OF RECIPIENT, PROVIDER AND BENETIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	4			
3404957	HEALTH CTR	8599 21	27	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE	4			
	HEALTH CTR	8599 21 8622	27	ION OF RECIPIENT, PROVIDER AND BENETIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	4			
	HEALTH CTR	8599 21 8622	27	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE	4			
	HEALTH CTR	8599 21 21 8622	27	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE	4	51	871	820
	HEALTH CTR	8599 21 8622	27	ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. DUPLICATE OF CLAIM-SYSTEM GO RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT	4			820
	HEALTH CTR	8599 21 21 8622	27	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. GETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	4	51	871	820
	HEALTH CTR	8599 21 21 8622	27	ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. DUPLICATE OF CLAIM-SYSTEM GO RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT	4	51	871	820
	HEALTH CTR	8599 21 21 8622	27	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. GETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	4	51	871	820